

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		1				
6	1					
7	1					
8	1					
9		1				
10	1					
11	1					
12		1				
13		1				
14		1				
15		1				
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31	1					
32	1					
33	1					
34		1				
35		1				
36		3				
37		3				
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		1				
46		5				
47		1				
48	1					
49		1				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54		4				
55		1				
56		4				
57		4				
58		4				
59		4				
60		4				
61	1					
62	1					
63	1					
64	1					
65		4				
66		1				
67		4				
68		4				
69		4				
70		4				
71		4				
72	1					
73		1				
74		1				
75	1					
76		1				
77	1					
78		1				
79		1				
80	1					
81		1				
82		1				
83		1				
84		1				
85		10				
86	1					
87	1					
88		1				
89	1					
90	1					
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97	1					
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99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101		1				
102		1				
3		1				
4		1				
5		1				
106		1				
107	1					
8		1				
9		1				
10		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						